Leon County Community Healthcare Plan

The Leon County Community Healthcare Plan implements Ordinance No. 06-20, adopted by the Board of County Commissioners on June 13, 2006. As we meet with healthcare leaders and hold community meetings in the following months, the Plan may undergo refinements to reflect the community's input.

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Leon County residents, along with those in most other parts of the United States, are facing a health care cost crisis. The costs of health care have risen to the point that many of the County's employers can no longer afford to provide health insurance benefits for their employees, and the employees can no longer afford to purchase individual health insurance policies. The result has been:

- Growth in the number of low income, uninsured residents who seek health care at the County's two hospital emergency rooms, resulting in an increase in the uncompensated costs for the two hospitals;
- Growth in private sector insurance costs as the hospitals and other County health care providers are forced to charge higher prices to insured payers to cover the uncompensated costs for those who cannot pay.

Leon County Current Health Care Environment

Leon County, and the State of Florida as a whole, is experiencing escalating costs of health insurance, forcing businesses to cease providing health insurance benefits for their employees.

- The primary method by which most individuals acquire health insurance is through their employer's employee group insurance benefit programs (91% of insured). Only 9% of the people with health insurance buy their insurance as individual policies. Thus the ability of businesses to offer health insurance benefits to their employees is critical to maintaining an insured population.
- National research indicates that for each 1.0% increase in health insurance costs, 0.084% of the population lose their health insurance. Applying this ratio to Leon County indicates that the 13.9% increase in insurance costs in 2005 alone may have resulted in an estimated 2,452 County residents losing their health insurance.
- Small businesses are especially vulnerable to increases in health insurance costs because of the size of their employee groups and their generally lower profitability. Since 94.8% of the County's businesses are small businesses (with fewer than 50 employees), Leon County's insured employees are at risk of losing their health insurance.
- Uncompensated care results from the uninsured population seeking medical care and being unable to fully pay for these services. In recent years, the uncompensated costs (charity care) passed on, primarily; to insurance payers was over $20 million annually. This amount represents an "invisible tax" that is charged on insurance policies to cover the uncompensated costs of treating low income, uninsured patients. The cost of the "invisible tax" is currently approximately $97 per insured person per year.

A cycle has been set in motion in Leon County. Increased costs of health insurance premiums lead to more uninsured residents, which lead to higher uncompensated costs

("invisible taxes"), which lead to more uninsured residents, which lead to higher insurance premiums; and the cycle continues to worsen.

Voter-Approved Community Healthcare in Leon County

Recognizing the implications of the rising costs of health insurance, and the steady increase of uncompensated care at the County's hospitals and other providers, and in an attempt to interrupt the cycle of increased health care costs and uninsurance, the Leon County Board of County Commissioners contracted with Mercer Government Human Services Consulting to develop a Health Care Delivery Model for the Uninsured of Leon County. The following pages outline the Leon County Community Healthcare Plan which is based upon the findings and actuarial model of the Mercer Report, which was commissioned to provide the most cost effective delivery of healthcare for Leon County's uninsured residents.

At the June 13, 2006 meeting, the Board of County Commissioners unanimously approved placing the ½ cent Indigent Care Surtax to fund the Leon County Community Healthcare Plan on the ballot. On November 7, 2006, the voters of Leon County will have the opportunity to decide whether or not to fund the Plan through the imposition of a ½ cent Voter Approved Indigent Care Surtax. This funding source was approved by the Florida Legislature for those counties that develop a plan to address the problems associated with lack of access and affordability of healthcare to uninsured persons in their county in a cost-effective manner. If approved, the sales tax would begin generating an estimated $18 million annually. Between 22% and 30% of the tax would be paid for by visitors to Leon County. The estimated cost of the ½ cent sales tax to the average consumer is approximately $52 to $59 per year, or between 14 and 16 cents a day.

Leon County's Current Primary Healthcare Program

The Leon County Board of County Commissioners currently levies 0.12 mills through the Primary Healthcare Municipal Services Taxing Unit (property tax) to fund the Primary Healthcare Program. The Program is essentially the funding of CareNet, a public and private sector partnership of clinics and voluntary health care providers, which provide primary and specialty health care services to low income and uninsured citizens of Leon County. CareNet providers provide an array of services, including primary care, specialty care, prescription drug services, and hospital uncompensated medical care.

Primary Care is provided by Bond Community Health Center (Bond) and Neighborhood Health Services (NHS). Both clinics provide a wide range of primary healthcare services for children and adults. The clinics accept patients by appointment or walk-in and upon referral from hospital emergency departments. Bond and NHS provide social workers and case managers for patient follow-up. Both clinics offer extended hours of operation for medical service delivery and are well situated to public transportation. These clinic facilities offer onsite laboratory services and on-site care and case management for patients with diabetes or hypertension.

The Board is authorized to levy up to 0.50 mill through the Primary Healthcare Municipal Services Taxing Unit (property tax) to fund the Primary Healthcare Program. The 0.50 mill would generate approximately $7.1 million annually. However, the Board currently levies 0.12 mill which generates approximately $1.4 million annually. These funds are allocated for the provision of healthcare services as follows:

Service Provider	Amount
Bond	$ 329,380*
NHS	$ 355,000
FAMU School of Pharmacy	$ 355,000
We Care Network	$ 90,043
Contractual Services	$ 150,000
Administration/Overhead	$ 87,856
Total Primary HC Budget	$1,367,279

* Bond also receives an allocation of $350,411 annually, for three years (FY 05/06 – FY 07/08), for the provision of Women's Health Services.

Specialty care is provided through the WeCare Network of the Capital Medical Society Foundation. Currently, availability of specialty care services is limited by the capacity of various volunteer specialists who donate their assistance to provide these services.

Prescription drug services are provided by the Florida A & M University (FAMU) College of Pharmacy and Pharmaceutical Sciences at both Bond and NHS. Prescription drug cost at Bond is substantially reduced by the participation of the FAMU pharmacy in the federal prescription drug purchasing program. The pharmacy program also provides the opportunity to take advantage of the drug manufacturers special low-income and uninsured programs.

Capital Regional Medical Center and Tallahassee Memorial HealthCare provide inpatient care for referrals from the WeCare Network. Historically, the inpatient hospital services have been provided without charge.

Unfortunately, Bond and NHS, currently providing a medical home for some uninsured residents of Leon County, do not have enough resources to meet the needs of this population. Bond serves approximately 5,000 uninsured annually, while NHS serves approximately 2,800.

In addition, the delivery of care provided through the current system does not adequately entail preventive and consistent treatment. The system can be characterized as an "isolated encounter-based" delivery system in which low income, uninsured patients:

- Often use the emergency rooms for their medical care needs.
- Routinely postpone seeking medical treatment until the illness has progressed to a critical level, requiring greatly increased costs of treatment.

- Frequently do not get prescriptions filled or comply with physician follow-up treatments.
- Often lack the continuity of care that is critical for quality care, leading to treatment inconsistency and greater chances of disease progression.

Leon County's Proposed Community Healthcare Plan

The Leon County Community Healthcare Plan can be summarized as a healthcare delivery model that utilizes an Administrative Services Only (ASO) or Third Party Administrator (TPA) for the management of provider groups, case management, claims processing, eligibility verification, enrollment, compliance issues, reporting requirements, quality control, and other functions further described in the "Administrative Services Only (ASO)" section of the plan.

The plan will utilize the County's existing clinic network (Bond and NHS) for the provision of primary care services, but will also expand primary care services to other willing providers as needed to expand access of the program. The plan will cover specialty care services, including mental health and basic dental, while also maintaining collaboration with the WeCare Network for the provision of specialty services through the volunteer network. The plan will provide generic-only pharmaceutical services through a relationship with the FAMU College of Pharmacy and Pharmaceutical Sciences, and other willing providers. Finally, the entire system will utilize case management through the services of the ASO and case managers within the Clinics and WeCare Network to educate participants on how to navigate the healthcare system, and teach this population how to effectively manage their health through appropriate healthcare encounters.

Depending on the availability of funds, the Leon County Community Healthcare Plan may also include a Three-Share Model that targets a segment of the working population without health insurance. In this model, the health care premiums are shared by employers, employees, and a third-party payer (in this case, Leon County). This model targets a working uninsured population which has some resources to pay a share of premiums as well as any cost-sharing, such as co-pays or deductibles.

Program Goals and Desired Outcomes:

An overarching goal of the Leon County Community Healthcare Plan is improving health outcomes for low-income residents, using care management services to educate participants about their conditions and treatments, to assist participants in learning preventive and healthful self-management skills, and to assist participants in navigating the complex healthcare system to receive care in the most appropriate settings for their acuity level. Furthermore, improving health outcomes suggests that individuals begin to participate in the program before they experience a health crisis, which implies the program will need to include a significant marketing component to "get the word out" rather than relying on referrals from providers once the patient is already in the system.

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The goals and desired outcomes of the Leon County Community Healthcare Plan are as follows:

- To improve the quality of life and health outcomes of the County's most needy and vulnerable residents
- To interrupt or reverse the trend of increasing uninsured in our community
- To reduce inappropriate Emergency Room visits
- To slow the escalation of health care costs and the invisible tax of cost shifting to the overall community
- To increase productivity, efficiency and overall health of the workforce
- To realize highest quality of life and healthiest community for Leon County

Although these goals and outcomes may prove challenging to measure, the program will heavily focus on qualitative and quantitative measures, built into each vendor/provider contract, to measure performance standards designed to meet these goals and objectives. Performance standards will be developed using measures outlined by the American Medical Association (AMA), HEDIS, EPSDT, Healthy People 2010 and monitoring, reporting and penalties for non-compliance will be established in each of the following areas:

- Financial performance(efficient expenditure of funding on quality healthcare services);
- Administration (claims payment, customer service, credentialing, etc);
- Case Management (patient assessment, identification of problems, creation of care plans, coordination of medical and home-health services, referrals to community resources and programs, and provision of education); and,
- Clinical performance (quality of care).

The County and the Administrative Services Only (ASO) contractor (discussed in more detail on pages 7-9) will be responsible for monitoring the program vendors to ensure goals and desired outcomes are obtained.

Covered Population:

Based on analysis of the U.S. Census Current Population Survey results for Tallahassee MSA (of which Leon County is included), and the 2004 Florida Health Insurance Study, it is estimated that the current number of non-elderly Leon County residents without health insurance is between 22,300 and 31,000 (10 – 14% of the population).

Leon County's uninsured, low-income residents, whose total household income falls below 200% of the Federal Poverty Level (FPL) will be eligible for this program with the following exceptions:

- Residents enrolled in Medicaid, or who qualify for Medicaid
- Residents enrolled in Medicare, or who qualify for Medicare
- Residents enrolled in, or are eligible for any other State or Federal Healthcare Program
- Residents who currently have, or have had in the recent past, health insurance offered by their employer (except if 100% of poverty and bare of insurance for at least one year).

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As most Florida children in households up to 200% of the FPL have an option to participate in one of the State's programs, the eligibility rules described apply to adults, referring all children to the appropriate State program. However, the plan does contemplate gaps in service to some children, and limited services will be available to children not covered (temporary or permanently) under the State's Programs.

The Community Healthcare Plan has very strict eligibility criteria for enrollment into the Program, such as income limits. In addition, certain features will be incorporated into the Plan to prevent what the industry titles "crowd out" (covered individuals dropping their insurance to participate in County's Plan). These include the following:

- A "Leaner" benefit set than exists in the marketplace, to decrease the incentive for employees to leave existing insurance for the County program;
- Funding providers at appropriate reimbursement levels – typically below commercial rates; and
- Implementing eligibility exclusions (as outlined above).

Administrative Services Only (ASO) Model (Third Party Administrator (TPA)):
The County's recommended model for implementing the Community Healthcare Plan is an Administrative Services Only (ASO) model. This model would function very much like an HMO as it pertains to the management of the medical provider system and as it would appear to the client. If the plan is approved by voters, Leon County will contract with an ASO company to manage this network and provide administrative services. These services include, but are not limited to the following:

Service Access:

- Network development to meet the primary and specialty needs of the population
- Assure adequate geographic access to providers
- Development of service vendor listing and community-based resources
- Inpatient census reporting

Member Services/ Enrollment and eligibility determinations:

- Enrollment and disenrollment services
- Provider search capabilities
- Verification and reporting of eligibility
- Outreach for enrollment
- Member brochure and handbook
- Member training and orientation

Care Coordination/Case Management:

- Care continuity, coordination and discharge planning
- Role of the provider or PCP in care coordination
- Interagency Coordination
- Referral follow up
- Member access to specialty care adequate to their condition
- Coordination with emergency departments

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Clinical Management:

- Comprehensive health management and disease management programs for conditions ranging from cardiovascular disease to asthma and diabetes.
- Intensive care management, including criteria and automated identification of individuals appropriate for program inclusion
- Nurse telephone and on-line contact services.
- Facilitating family involvement when appropriate
- Enrollee and provider education processes
- Health Risk Assessment processes and procedures

Claims Processing:

- Accurate claims adjudication and responsive support to participants backed by robust technological capability
- Reporting and strategic services to project claims cost, track trends, minimize liability, and measure performance.
- Coordination of benefits
- Timely and accurate claims payment and performance requirements
- Claims reporting

Quality Improvement:

- Quality Improvement annual review and data trends
- Quality Improvement studies
- Consumer, family and other client satisfaction surveys
- Provider satisfaction surveys
- Quality management plan development, implementation and performance requirements
- Corrective Action Plans and performance improvement plans
- Critical incident management and reporting
- Process, policy and procedures for oversight monitoring of quality programs for any vendors providing services

Utilization Management:

- Coordinated care and utilization management on a case-by-case basis to increase quality while reducing expenditures on inappropriate care and inaccurate billing practices.
- Prospective, concurrent and retrospective utilization management
- Detection and management of high-risk/high-utilizers
- Establishment of medical necessity criteria, level of care guidelines, practice guidelines and evidence-based practices for child/adolescent, adult, substance abuse services, and other populations
- Account management for everyday services in managing plans

Provider Relations and Management:

- Credentialing
- Provider compliance

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- Training and orientation
- Site visits
- Provider inquiries and complaints

Compliance:

- Health Insurance Portability and Accountability Act privacy and security
- Fraud and abuse audits
- Disaster planning and recovery
- Data storage and security
- Medical records

Phased Enrollment:

This plan contemplates a phased enrollment of eligible residents. Under the phased enrollment, individuals with incomes up to 100% FPL will enroll under phase 1 of enrollment, with individuals with incomes up to 150% FPL and 200% FPL to follow in enrollment in phases 2 and 3, respectively. The following table provides the maximum annual income limits of the 2006 Federal Poverty Guidelines:

2006 Federal Poverty Guidelines

Persons in Family or Household	100 % FPL Max Annual Income	150 % FPL Max Annual Income	200% FPL Max Annual Income
1	$9,800	$14,700	$19,600
2	$13,200	$19,800	$26,400
3	$16,600	$24,900	$33,200
4	$20,000	$30,000	$40,000
5	$23,400	$35,100	$46,800
6	$26,800	$40,200	$53,600
For each additional person, add	$3,400	$5,100	$6,800

Covered Benefits:

The Leon County Community Healthcare Plan will offer significantly less health coverage than commercially available insurance like that provided by an employer or purchased by an individual. However, the plan would provide appropriate and cost-effective care to those who would otherwise seek healthcare alternatives of last resort – like that rendered in emergency rooms – which come with the highest costs and worst health outcomes for the individual and the entire community.

The Leon County Community Healthcare Plan program will offer the following services:

- Basic Care Summary:
  - Physical examinations, health screenings, and immunizations;
  - Diagnosis and treatment of individuals with acute illnesses, such as colds, otitis media (ear infections), and influenza;
  - Urgent care;
  - Medical management of patients with chronic diseases, such as diabetes and hypertension;

- Referrals to other public programs as appropriate;
- Referrals to physician specialists for evaluation and consultation;
- Basic laboratory test;
- Routine X-Rays;
- Patient education on disease and health management;
- Generic-only pharmaceutical benefit as identified on an approved formulary;
- Basic dental services for adults;
- Referrals to mental health services and substance abuse intervention for evaluation and consultation and;
- Transportation services, where not personally available.

- Primary Care:
  - Emergency Care
  - Urgent Care
  - Up Front Medical Management
  - Chronic disease medical Management
  - Episodic outpatient care
  - Periodic health assessment, including
    - Health Examinations
    - Medical history
    - Physical examinations
    - Necessary laboratory
  - X-Ray and other screening or diagnostic test as indicated by the age, sex, medical history, or physician examination

- Other Physician Services Provided Through Program:
  Limited consultations, examinations, and treatment specialties covered: Cardiology, Dermatology, ENT, Gastroenterology, General Surgery, Gynecology, Nephrology, Neurology/Neurosurgery, Oncology, Ophthalmology, Optometry, Orthopedic, Surgery, Podiatry (for diabetics only), Psychiatry/Mental Health, Pulmonary, Urology.
- Outpatient Diagnostics/Therapeutics and Surgical Services – in a hospital outpatient setting or freestanding facility. Outpatient surgeries that are scheduled, elective, medically necessary surgical care to patients who do not require hospitalization. Includes related services, including general or local anesthesia, laboratory/radiology, and supplies.
- Inpatient Hospital Services (8 day Annual Limit) – Acute inpatient care for most non-maternity physical conditions including medically necessary ancillary services.
- Outpatient Diagnostic Services
  - Hematology, Chemistry, Cytopathology, MRI, Eye Exam, Cardiac Stress Test, CT, EKG, Endoscopies and colonoscopies
- Emergency Room – emergency services provided through a hospital Emergency Department. Non-emergent services provided through an Emergency Department are not covered.

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- Inpatient Behavioral Health (limited to 20 days per calendar year) – Acute inpatient care for psychiatric conditions. Does not include med/surg, rehabilitation, detox, or hospice.
- Mammography Screening as Follows:
  - A baseline Mammography for women ages 35 to 39
  - A mammography for women ages 40 to 49 every 2 years or more frequently upon recommendation of Plan Physician
  - A mammography every year for women age 50 to 64
  - If a woman is more at risk for breast cancer due to family history, a history of biopsy-proven benign breast disease, a mother, sister, or daughter who has had breast cancer, or a woman who has not given birth before age 30
- Hospital Based Physician Services
- Outpatient Therapies
- Physical and respiratory therapies provided at PCP Office only
- Family Planning
  -family planning limited to counseling
- Adult Dental Services – Basic services only; includes oral evaluations, x-rays, dental cleanings, amalgams/fillings, and extractions.
- Vision – Medical only; no routine vision screening or hardware. Examinations due to medical problem, illness, disease or injury.
- Pharmaceuticals (Limited, Generic-only Formulary)
- Transportation
- Home Health Oxygen Therapy

Benefit Exclusions:

Again, this Community healthcare plan is not comparable in benefit level to a commercial insurance product by design. As such, there are many excluded services under this plan including, but not limited to the following:

- Infertility Services
- Prosthetic Devises/Braces
- Orthodontia
- Oral Surgical Services
- Reconstructive Surgery
- Blood
- Organ Transplants
- Cosmetic/Plastic Surgery
- Ambulance Services
- Out-of –County Services
- Dialysis (Chronic)
- Services not provided or arranged by an authorized PCP
- Skilled Nursing facility
- Any service or supply eligible to be paid for by another public program
- Services solely for personal comfort
- Treatment of learning disabilities, mental retardation, and other developmental disorders including, but not limited to, learning disorders, motor skills disorders,

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communication disorders, and autistic disorders.

- Items or services determined to be investigational or experimental in accordance with the standards of the AMA, the FDA, and the NIH.
- Services that are payable in part or in whole by any Workers' Compensation Act or similar law.
- Termination of pregnancy
- Occupational or speech therapy
- Hearing exams for persons over the age 17
- Acupuncture, Acupressure, hypnosis or biofeedback
- Services for the treatment of any kind of addiction
- Services who primary purpose is the treatment of sexual dysfunction, gender change, or treatment of gender identity, disorders, or medical or surgical treatment to improve or restore sexual function.
- Services or treatment provided by a person or facility which is not properly approved or licensed as required.
- Services or supplies not medically necessary
- Pre-conception testing or genetic testing
- Acupuncture/Homeopathic Alternative Medicine
- Advance Oncology
- Chiropractic Services
- Elective Vascular Surgery
- Hearing Aids/Testing
- Hospice Services
- Inpatient Rehabilitation Services
- Durable Medical Equipment
- Joint Replacements
- Nutritional Services
- Contraception
- Organ Transplants
- Outpatient Rehabilitation Services
- Procedures for the treatment of Obesity

Sliding Scale Copay Structure:

The proposed plan includes a sliding scale co-pay fee structure for medical and pharmaceutical services as seen in the following table:

Co-pays:	Under 100% FPL	100%-150% FPL	150% - 200% FPL
Clinic services	$2 per visit	$ 0 wellness $10 chronic $15 acute	$ 5 wellness $15 chronic $20 acute
Primary Care Physician (non-clinic)	$2 per visit	$ 0 wellness $10 chronic $15 acute	$ 5 wellness $15 chronic $20 acute
Generic drugs	$0	$10	$15
Outpatient Facility Physical Health	$2 per visit	$5 - $25 depending on type $75 OP surgery	$10 - $30 depending on type $100
Urgent Care Center	$2 per visit	$15 per visit	$20 per visit
Emergency Room Visit	$50 per visit	$50 per visit	$50 per visit

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Co-pays:	Under 100% FPL	100%-150% FPL	150% - 200% FPL
Specialist Physician	$ 2 per visit	$15 per visit $75 OP surgery in office	$20 per visit $100 OP surgery in office
Outpatient Behavioral Health	$2 per visit	$15 per visit	$20 per visit
Dental Services	$2 per visit	$15 per visit	$20 per visit
Vision services	$2 per visit	$15 per visit	$20 per visit

Benefit Enrollment and Cost Projections:

The total cost of the program will depend significantly upon the number of residents that enroll within each phase of enrollment and income category. This result is due to two factors: 1) the sliding scale copay structure means that as income level increases, more cost is borne by the patient; and 2) income level is positively correlated with health status, which means that higher income enrollees are expected to consume fewer medical services.

The following table represents the range of potential program costs, with the program cap enrolling approximately 9,000 residents with incomes up to 200% FPL. This upper range of the program would cost approximately $20,736,000. It is anticipated that the program would not reach this enrollment until the 3rd or 4th year of existence.

	Income Category		
	Up to 100% FPL	Up to 150% FPL	Up to 200% FPL
Projected Enrollment	4,500	7,500	9,000
Per Capita monthly cost	$225	$200	$192
Annual Expenditures	$12,150,000	$18,000,000	$20,736,000

The Program will be limited to the amount of funding raised through the ½ cent sales tax. One of the many benefits of the ASO model is the County's ability to maintain control over the financial and benefit structure of the program. The Plan includes "levers" that can be accessed if needed for the County to minimize financial risk. These "levers" include the following:

- Change or limit program eligibility
- Change or limit the benefits offered by the plan
- Reimburse providers using budgeted funding where possible

The County will strive to maximize tax payer dollars in the most efficient means possible to provide quality healthcare to the eligible uninsured residents of this County.

Allocation of Funds:

The rate at which providers are compensated for the care they provide is a key element in the cost of the Community Healthcare Plan. Leon County will negotiate with local providers to establish reasonable reimbursement arrangements while maximizing tax-payer dollars for efficient services. The actuarial analysis used to develop the pricing analysis of the Plan reflects medical service utilization of low income populations receiving benefits through a comprehensive medical service package (i.e., a typical State Medicaid program). The Plan includes payment to physicians, clinics, and hospitals and miscellaneous services providers at various percentages of the current Medicare and

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Medicaid reimbursement levels. The sales tax funds are anticipated to be allocated in approximately the manner detailed in the following table for the services outlined on the following pages under "Covered Benefits." While the actuarial analysis for the estimated allocations is based on a range of reasonable assumptions, adjustments to the actual allocations may be appropriate based on actual experience.

Estimated Allocation of Sales Tax Funds:

Hospital/Inpatient	$4.3 million
Clinic	$1.2 million
Physician Services	$6.5 million
Pharmacy	$5.7 million
Other	$135,000
Total Medical	*$17.8 million*
Administration	$2.9 million
Total Expenses	***$20.7 million***

Note: Administration Costs encompass the contract with the ASO, however include other services which may, or may not be included in the ASO contract (e.g., non-emergent transportation or program marketing).

The allocation of funds illustrated above is an approximation. The actual sales tax allocation will depend on the contracts the County negotiates with each service provider. The County will negotiate each contract with the intention of maximizing tax payer dollars. The County may also contract with hospital and provider groups at a pre-determined annual budget to provide care for eligible recipients throughout the year.

Program Oversight:

The Board of County Commissioners has established the Primary Healthcare Implementation Advisory Board (PHIAB) to oversee the current Primary Healthcare Program and would use this Advisory Board to oversee the future program. This 15 member Advisory Board is made up of the CEOs of both local hospitals, the Chairman of the Chamber of Commerce, the present and past administrators of the Leon County Health Department, and prominent local doctors in the community who have experience in serving the uninsured population. The PHIAB will oversee the Leon County Community Healthcare Plan and report annually to the Board of County Commissioners on the progress of the program.

The following is a list of the current membership of the PHIAB:

- Dr. Eduardo Williams, Chairman
- Art Jusko, Vice Chairman
- Mark O'Bryant, Tallahassee Memorial HealthCare
- Commissioner Bill Proctor
- Dr. Henry Lewis, III, FAMU School of Pharmacy
- Dr. Alma Littles, FSU Medical School
- Sharon Roush, Capital Medical Regional Center
- Steve Mc Arthur, Capital Health Plan
- Parwez Alam, County Administrator

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- Bryan Desloge, Chamber of Commerce
- Homer Rice, Leon County Health Department
- Art Cooper
- Dr. James Stockwell
- Kandy Hill
- Dr. Edward Holifield

Program Inception:
Should the voters of Leon County approve the ½ cent Voter Approved Indigent Care Surtax to fund the Leon County Community Healthcare Plan, implementation is anticipated to begin immediately, with a roll out of the program beginning in June 2007.

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